



ACKNOWLEDGEMENT OF NOTIFICATION
OF HAZARDOUS WASTE ACTIVITY
(VERIFICATION)

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER

VTD980917462

INSTALLATION ADDRESS

WINDSOR MINERALS INC
P O BOX 680
WINDSOR VT 05149

LUDLOW MINES
LUDLOW VT 05149

TSTV
11/19/92 QC

Please print or type with ELITE type (12 characters per inch) in the unshaded areas only

Form Approved OMB No. 2050-0028 Expires 9-30-92
GSA No. 0240-EPA-01

Date Received
(For Official Use Only)

Please refer to the Instructions for Filing Notification before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).



Notification of Regulated Waste Activity

United States Environmental Protection Agency

I. Installation's EPA ID Number (Mark 'X' in the appropriate box)

A. First Notification B. Subsequent Notification (complete item C)

C. Installation's EPA ID Number
VT D 980917462

II. Name of Installation (Include company and specific site name)

Luzenac America - Ludlow Mines

III. Location of Installation (Physical address not P.O. Box or Route Number)

Street

East Hill

Street (continued)

City or Town

Ludlow

State

ZIP Code

VT 05149-

LEAVE BLANK
County Code

County Name

027 Windsor

IV. Installation Mailing Address (See Instructions)

Street or P.O. Box

P.O. Box 680

City or Town

Windsor

State

ZIP Code

VT 05089-

V. Installation Contact (Person to be contacted regarding waste activities at site)

Name (last)

Caulfield

(first)

Petier

Job Title

Manager

Phone Number (area code and number)

8102-228-8802

VI. Installation Contact Address (See Instructions)

A. Contact Address Location Mailing

B. Street or P.O. Box

City or Town

Windsor

State

ZIP Code

VT 05089-

VII. Ownership (See Instructions)

A. Name of Installation's Legal Owner

Luzenac America

Street, P.O. Box, or Route Number

P.O. Box 680

City or Town

Windsor

State

ZIP Code

VT 05089-

Phone Number (area code and number)

8102-484-7763

B. Land Type
PAGE 11

P

C. Owner Type
PAGE 11

P

D. Change of Owner Indicator

Yes No

(Date Changed)
Month Day Year

07 01 92

PLEASE RETURN FORM TO:
 VT ANR/DEC
 HAZARDOUS MATERIALS MANAGEMENT DIV.
 103 SOUTH MAIN STREET, WEST BLDG
 WATERBURY, VERMONT 05671-0404

ID - For Official Use Only									

VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to instructions.)

A. Hazardous Waste Activity -- SEE PAGES 11 & 12

B. Used Oil Fuel Activities

SEE PAGE 12

1. Generator (See instructions)
- a. Greater than 1000kg/mo (2,200 lbs.)
 - b. 100 to 1000 kg/mo (220 - 2,200 lbs.)
 - c. Less than 100 kg/mo (220 lbs.)
2. Transporter (Indicate Mode in boxes 1-5 below)
- a. For own waste only
 - b. For commercial purposes
- Mode of Transportation
- 1. Air
 - 2. Rail
 - 3. Highway
 - 4. Water
 - 5. Other - specify
3. Treater, Storer, Disposer (at installation) Note: A permit is required for this activity; see instructions.
4. Hazardous Waste Fuel
- a. Generator Marketing to Burner
 - b. Other Marketer
 - c. Boiler and/or Industrial Furnace
 - 1. Smelter/Referral
 - 2. Small Quantity Exemption
- Indicate Type of Combustion Device(s)
- 1. Utility Boiler
 - 2. Industrial Boiler
 - 3. Industrial Furnace
5. Underground Injection Control

1. Off-Specification Used Oil Fuel
- a. Generator Marketing to Burner
 - b. Other Marketer
 - c. Burner - Indicate device(s) - Type of Combustion Device
 - 1. Utility Boiler
 - 2. Industrial Boiler
 - 3. Industrial Furnace
2. Specification Used Oil Fuel Marketer (or On-site Burner) Who First Claims the Oil Meets the Specification --

IX. Description of Regulated Wastes (Use additional sheets if necessary)

A. Characteristics of Nonlisted Hazardous Wastes. Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles. (See 40 CFR Parts 261.20 - 261.24)

1. Ignitable (D001)	2. Corrosive (D002)	3. Reactive (D003)	4. Toxicity Characteristic (D000)	(List specific EPA hazardous waste number(s) for the Toxicity characteristic contaminant(s))
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33. See instructions if you need to list more than 12 waste codes.)

1	2	3	4	5	6
7	8	9	10	11	12

C. Other Wastes. (State or other wastes requiring a handler to have an I.D. number. See instructions.)

1	2	3	4	5	6
VT02					

X. Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature <i>Arthur J. Lapierre</i>	Name and Official Title (type or print) Arthur J. Lapierre, Safety Rep.	Date Signed 8/14/97
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XI. Comments

TSTV
12/24/96
QC
12/2/97

Please refer to the Instructions for Filing Notification before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).



Notification of Regulated Waste Activity

United States Environmental Protection Agency

Date Received
(For Official Use Only)

NOV 4 1996

I. Installation's EPA ID Number (Mark 'X' in the appropriate box)

A. First Notification B. Subsequent Notification (Complete Item C)

C. Installation's EPA ID Number

V T D 9 8 0 9 I 7 4 6 2

II. Name of Installation (Include company and specific site name)

L U Z E N A C A M E R I C A L U D L O W M I N E S

III. Location of Installation (Physical address not P.O. Box or Route Number)

Street

E A S T H I L L R O A D

Street (Continued)

City or Town

L U D L O W

State

V T

Zip Code

0 5 1 4 9 -

County Code

County Name

W I N D S O R

IV. Installation Mailing Address (See Instructions)

Street or P.O. Box

P O B O X 6 8 0

City or Town

W I N D S O R

State

V T

Zip Code

0 5 0 8 9 -

V. Installation Contact (Person to be contacted regarding waste activities at site)

Name (Last)

M E A D E

(First)

L A N C E

Job Title

R E S O U R C E M G R

Phone Number (Area Code and Number)

8 0 2 - 2 2 8 - 8 8 0 2

VI. Installation Contact Address (See Instructions)

A. Contract Address

Location Mailing Other

B. Street or P.O. Box

City or Town

W I N D S O R

State

V T

Zip Code

0 5 0 8 9 -

VII. Ownership (See Instructions)

A. Name of installation's Legal Owner

L U Z E N A C A M E R I C A I N C O R P O R A T E D

Street, P.O. Box, or Route Number

P O B O X 6 8 0

City or Town

W I N D S O R

State

V T

Zip Code

0 5 0 8 9 -

Phone Number (Area Code and Number)

8 0 2 - 4 8 4 - 7 7 6 3

B. Land Type

PAGE 19

P.

C. Owner Type

PAGE 19

P.

D. Change of Owner Indicator

Yes No

(Date Changed)

Month Day Year

ID - For Official Use Only									

VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes; Refer to Instructions)

A. Hazardous Waste Activity--SEE PAGES 20 & 21

1. Generator (See Instructions)
 a. Greater than 1000kg/mo (2,200 lbs.)
 b. 100 to 1000 kg/mo (200-2,200 lbs.)
 c. Less than 100 kg/mo (220 lbs.)

2. Transporter (Indicate Mode in boxes 1-5 below)
 a. For own waste only
 b. For commercial purposes

Mode of Transportation
 1. Air
 2. Rail
 3. Highway
 4. Water
 5. Other - specify

3. Treater, Storer, Disposer (at installation) Note: A permit is required for this activity; see instructions.
 4. Hazardous Waste Fuel
 a. Generator Marketing to Burner
 b. Other Marketers
 c. Boiler and/or Industrial Furnace
 1. Smelter Deferral
 2. Small Quantity Exemption
 Indicate Type of Combustion Device(s)
 1. Utility Boiler
 2. Industrial Boiler
 3. Industrial Furnace
 5. Underground Injection Control

B. Used Oil Recycling Activities
 SEE PAGES 21 & 22

1. Used Oil Fuel Marketer
 a. Marketer Directs Shipment of Used Oil to Off-Specification Burner
 b. Marketer Who First Claims the Used Oil Meets the Specifications

2. Used Oil Burner - Indicate Type(s) of Combustion Device(s)
 a. Utility Boiler
 b. Industrial Boiler
 c. Industrial Furnace

3. Used Oil Transporter - Indicate Type(s) of Activity(ies)
 a. Transporter
 b. Transfer Facility

4. Used Oil Processor/Re-refiner - Indicate Type(s) of Activity(ies)
 a. Process
 b. Re-refine

IX. Description of Hazardous Wastes (Use additional sheets if necessary)

A. Characteristics of Nonlisted Hazardous Wastes. (Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles; See 40 CFR Parts 261.20 - 261.24)

1. Ignitable (D001) 2. Corrosive (D002) 3. Reactive (D003) 4. Toxicity Characteristic (List specific EPA hazardous waste number(s) for the Toxicity characteristic contaminant(s))

SEE ATTACHMENT AND PAGES 44-64

D 0 0 8 D 0 3 9

B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33; See instructions if you need to list more than 12 waste codes.)

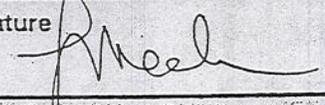
1	2	3	4	5	6
7	8	9	10	11	12

C. Other Wastes. (State or other wastes requiring a handler to have an I.D. number; See instructions.)

1	2	3	4	5	6
V T O 2					

X. Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature 	Name and Official Title (Type or print) Lance Meade Resource Manager	Date Signed 12.31.96
--	--	-------------------------

XI. Comments

Wastes listed in IX.A are generated due to a contracted service for parts cleaning fluid (recycling service).

Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section III of the booklet for addresses.)

Please print or type with ELITE type (12 characters per inch) in the unshaded areas only

C-14-10-012 RC 8/14/98 TSTV 7/29/98

Form Approved, OMB No. 2050-0028 Expires 10/31/99
GSA No. 0246-EPA-07

Please refer to Section V, Line-by-Line Instructions for Completing EPA Form 8700-12 before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).



Notification of Regulated Waste Activity

United States Environmental Protection Agency

Date Received
(For Official Use Only)

I. Installation's EPA ID Number (Mark 'X' in the appropriate box)

A. Initial Notification B. Subsequent Notification (Complete Item C)

C. Installation's EPA ID Number

V T D 9 8 0 9 1 7 4 6 2

II. Name of Installation (Include company and specific site name)

L U Z E N A C A M E R I C A L U D L O W M I N E

III. Location of Installation (Physical address not P.O. Box or Route Number)

Street ENTER STREET OR ROAD ADDRESS HERE (e.g.: 22 Main St; Route 100; etc.)

E A S T H I L L R O A D

Street (Continued)

City or Town

State Zip Code

L U D L O W

V T 0 5 1 4 9 -

LEAVE BLANK
County Code

ENTER COUNTY NAME
County Name

W I N D S O R

IV. Installation Mailing Address (See Instructions)

Street or P.O. Box OR RURAL ROUTE ADDRESS HERE

P O B O X 6 8 0

City or Town

State Zip Code

W I N D S O R

V T 0 5 0 8 9 -

V. Installation Contact (Person to be contacted regarding waste activities at site)

Name (Last)

(First)

C L A Y

H O W A R D

Job Title

Phone Number (Area Code and Number)

E N V I R O N C O O R D

8 0 2 - 2 2 8 - 6 4 0 8

VI. Installation Contact Address (See Instructions)

A. Contact Address Location Mailing

B. Street or P.O. Box. IF SAME AS ABOVE, JUST FILL OUT SECTION VI.A. (TO LEFT)

City or Town

State Zip Code

VII. Ownership (See Instructions)

A. Name of Installation's Legal Owner ENTER LAND OWNER HERE

L U Z E N A C A M E R I C A I N C

Street, P.O. Box, or Route Number

9 0 0 0 E A S T N I C H O L S A V E S U I T E 2 0 0

City or Town

State Zip Code

E N G L E W O O D

C 0 8 0 1 1 2 -

Phone Number (Area Code and Number)

B. Land Type
PAGE 22

C. Owner Type
PAGE 22

D. Change of Owner Indicator

(Date Changed)
Month Day Year

3 0 3 - 6 4 3 - 0 4 0 0

P

P

Yes

No

ID - For Official Use Only											

VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to Instructions)

A. Hazardous Waste Activity—SEE PAGES 23 & 24		B. Used Oil Recycling Activities
<p>1. Generator (See Instructions)</p> <p><input type="checkbox"/> a. Greater than 1000kg/mo (2,200 lbs.)</p> <p><input type="checkbox"/> b. 100 to 1000 kg/mo (220-2,200 lbs.)</p> <p><input checked="" type="checkbox"/> c. Less than 100 kg/mo (220 lbs)</p> <p>2. Transporter (Indicate Mode in boxes 1-5 below)</p> <p><input type="checkbox"/> a. For own waste only</p> <p><input type="checkbox"/> b. For commercial purposes</p> <p>Mode of Transportation</p> <p><input type="checkbox"/> 1. Air</p> <p><input type="checkbox"/> 2. Rail</p> <p><input type="checkbox"/> 3. Highway</p> <p><input type="checkbox"/> 4. Water</p> <p><input type="checkbox"/> 5. Other - specify</p>	<p><input type="checkbox"/> 3. Treater, Storer, Disposer (at installation) Note: A permit is required for this activity, see instructions.</p> <p>4. Hazardous Waste Fuel</p> <p><input type="checkbox"/> a. Generator Marketing to Burner</p> <p><input type="checkbox"/> b. Other Marketers</p> <p><input type="checkbox"/> c. Boiler and/or Industrial Furnace</p> <p><input type="checkbox"/> 1. Smelter Deferral</p> <p><input type="checkbox"/> 2. Small Quantity Exemption</p> <p>Indicate Type of Combustion Device(s)</p> <p><input type="checkbox"/> 1. Utility Boiler</p> <p><input type="checkbox"/> 2. Industrial Boiler</p> <p><input type="checkbox"/> 3. Industrial Furnace</p> <p><input type="checkbox"/> 5. Underground Injection Control</p>	<p>SEE PAGES 24 & 25</p> <p>1. Used Oil Recycling Marketer</p> <p><input type="checkbox"/> a. Marketer Directs Shipment of Used Oil to Off-Specification Burner</p> <p><input type="checkbox"/> b. Marketer Who First Claims the Used Oil Meets the Specifications</p> <p>2. Used Oil Burner - Indicate Type(s) of Combustion Device—LEAVE BLANK</p> <p><input type="checkbox"/> a. Utility Boiler } UNLESS UNIT IS ≥ 0.5 MILLI</p> <p><input type="checkbox"/> b. Industrial Boiler }</p> <p><input type="checkbox"/> c. Industrial Furnace }</p> <p>3. Used Oil Transporter - Indicate Type(s) of Combustion Device(s)</p> <p>a. Transporter</p> <p>b. Transfer Facility</p> <p>4. Used Oil Processor/Re-refiner - Indicate Type(s) of Activity(ies)</p> <p><input type="checkbox"/> a. Process</p> <p><input type="checkbox"/> b. Re-refine</p>

IX. Description of Regulated Wastes (Use additional sheets if necessary) SEE ATTACHMENT AND PAGES 51-71

A. Characteristics of Nonlisted Hazardous Wastes. (Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles; See 40 CFR Parts 261.20 - 261.24)

****"D" CODES GO HERE****

1. Ignitable (D001)	2. Corrosive (D002)	3. Reactive (D003)	4. Toxicity Characteristic	(List specific EPA hazardous waste number(s) for the Toxicity characteristic contaminant(s))
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D 0 0 3 D 0 1 8 D 0 3 9 D 0 4 0

B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33; See instructions if you need to list more than 12 waste codes.)

****"F" AND "P" AND "K" AND "U" CODES GO HERE****

1	2	3	4	5	6
7	8	9	10	11	12

C. Other Wastes. (State or other wastes requiring a handler to have an I.D. number; See instructions.)

****"VT" CODES GO HERE****

1	2	3	4	5	6
V T 0 2					

X. Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature	Name and Official Title (Type or print)	Date Signed
	Lance P. Meade, Mine Manager	7/8/97

XI. Comments

Note: Mail completed form to the appropriate EPA Regional or State Office. PLEASE RETURN COMPLETED FORM TO:
VERMONT WASTE MANAGEMENT DIVISION
103 SOUTH MAIN ST; WEST OFFICE BLDG
WATERBURY, VERMONT 05671-0404

Please refer to Section V, Line-by-Line Instructions for Completing EPA Form 8700-12 before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).

Notification of Regulated Waste Activity

EPA United States Environmental Protection Agency

Date Received
(For Official Use Only)
MAY 22 1998

I. Installation's EPA ID Number (Mark 'X' in the appropriate box)

<input type="checkbox"/> A. Initial Notification	<input checked="" type="checkbox"/> B. Subsequent Notification <i>(Complete Item C)</i>	C. Installation's EPA ID Number	
		V	T
		D	9
		8	0
		9	1
		7	4
		6	2

II. Name of Installation (Include company and specific site name)

L U Z E N A C A M E R I C A L U D L O W M I N E

III. Location of Installation (Physical address not P.O. Box or Route Number)

Street: ENTER STREET OR ROAD ADDRESS HERE (e.g.: 22 Main St; Route 100; etc.)

E A S T H I L L R O A D

Street (Continued)

City or Town	State	Zip Code
L U D L O W	V T	0 5 1 4 9 -

County Code	ENTER COUNTY NAME
	W I N D S O R

IV. Installation Mailing Address (See Instructions)

Street or P.O. Box OR RURAL ROUTE ADDRESS HERE

P O B O X 6 8 0

City or Town	State	Zip Code
W I N D S O R	V T	0 5 0 8 9 -

V. Installation Contact (Person to be contacted regarding waste activities at site)

Name (Last)	(First)
C L A Y	H O W A R D

Job Title	Phone Number (Area Code and Number)
E N V I R O N C O O R D	8 0 2 - 2 2 8 - 6 4 0 8

VI. Installation Contact Address (See Instructions)

A. Contact Address Location	Mailing	B. Street or P.O. Box IF SAME AS ABOVE, JUST FILL OUT SECTION VI.A. (TO LEFT)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	

City or Town	State	Zip Code
		-

VII. Ownership (See Instructions)

A. Name of installation's Legal Owner ENTER LAND OWNER HERE

L U Z E N A C A M E R I C A I N C

Street, P.O. Box, or Route Number

9 0 0 0 E A S T N I C H O L S A V E S U I T E 2 0 0

City or Town	State	Zip Code
E N G L E W O O D	C O	8 0 1 1 2 -

Phone Number (Area Code and Number)	B. Land Type PAGE 22	C. Owner Type PAGE 22	D. Change of Owner Indicator	(Date Changed) Month Day Year		
3 0 3 - 6 4 3 - 0 4 0 0	P	P	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			

ID - For Official Use Only									

VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to Instructions)

<p>A. Hazardous Waste Activity--SEE PAGES 23 & 24</p> <p>1. Generator (See Instructions)</p> <p><input type="checkbox"/> a. Greater than 1000kg/mo (2,200 lbs.)</p> <p><input type="checkbox"/> b. 100 to 1000 kg/mo (220-2,200 lbs.)</p> <p><input checked="" type="checkbox"/> c. Less than 100 kg/mo (220 lbs)</p> <p>2. Transporter (Indicate Mode in boxes 1-5 below)</p> <p><input type="checkbox"/> a. For own waste only</p> <p><input type="checkbox"/> b. For commercial purposes</p> <p>Mode of Transportation</p> <p><input type="checkbox"/> 1. Air</p> <p><input type="checkbox"/> 2. Rail</p> <p><input type="checkbox"/> 3. Highway</p> <p><input type="checkbox"/> 4. Water</p> <p><input type="checkbox"/> 5. Other - specify</p>		<p><input type="checkbox"/> 3. Treater, Storer, Disposer (at installation) Note: A permit is required for this activity, see instructions.</p> <p>4. Hazardous Waste Fuel</p> <p><input type="checkbox"/> a. Generator Marketing to Burner</p> <p><input type="checkbox"/> b. Other Marketers</p> <p><input type="checkbox"/> c. Boiler and/or Industrial Furnace</p> <p><input type="checkbox"/> 1. Smelter Deferral</p> <p><input type="checkbox"/> 2. Small Quantity Exemption</p> <p>Indicate Type of Combustion Device(s)</p> <p><input type="checkbox"/> 1. Utility Boiler</p> <p><input type="checkbox"/> 2. Industrial Boiler</p> <p><input type="checkbox"/> 3. Industrial Furnace</p> <p><input type="checkbox"/> 5. Underground Injection Control</p>	<p>B. Used Oil Recycling Activities</p> <p>SEE PAGES 24 & 25</p> <p>1. Used Oil Recycling Marketer</p> <p><input type="checkbox"/> a. Marketer Directs Shipment of Used Oil to Off-Specification Burner</p> <p><input type="checkbox"/> b. Marketer Who First Claims the Used Oil Meets the Specifications</p> <p>2. Used Oil Burner - Indicate Type(s) of Combustion Device--LEAVE BLANK UNLESS UNIT IS ≥ 0.5 MILLI BTUs</p> <p><input type="checkbox"/> a. Utility Boiler</p> <p><input type="checkbox"/> b. Industrial Boiler</p> <p><input type="checkbox"/> c. Industrial Furnace</p> <p>3. Used Oil Transporter - Indicate Type(s) of Combustion Device(s)</p> <p>a. Transporter</p> <p>b. Transfer Facility</p> <p>4. Used Oil Processor/Re-refiner - Indicate Type(s) of Activity(ies)</p> <p><input type="checkbox"/> a. Process</p> <p><input type="checkbox"/> b. Re-refine</p>
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IX. Description of Regulated Wastes (Use additional sheets if necessary) SEE ATTACHMENT AND PAGES 51-71

A. Characteristics of Nonlisted Hazardous Wastes. (Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles; See 40 CFR Parts 261.20 - 261.24)

****"D" CODES GO HERE****

1. Ignitable (D001)	2. Corrosive (D002)	3. Reactive (D003)	4. Toxicity Characteristic	(List specific EPA hazardous waste number(s) for the Toxicity characteristic contaminant(s))
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D 0 0 8 D 0 1 8 D 0 3 9 D 0 4 0

B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33; See instructions if you need to list more than 12 waste codes.)

****"F" AND "P" AND "K" AND "U" CODES GO HERE****

1	2	3	4	5	6
7	8	9	10	11	12

C. Other Wastes. (State or other wastes requiring a handler to have an I.D. number; See instructions.)

****"VT" CODES GO HERE****

1	2	3	4	5	6
V T 0 2					

X. Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature <i>Michael A. Guida</i>	Name and Official Title (Type or print) Michael A. Guida	Date Signed May 19, 1998
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XI. Comments

FEB 1 2000

Please refer to Section V, Line-by-Line Instructions for Completing EPA Form 8700-12 before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).



Notification of Regulated Waste Activity

United States Environmental Protection Agency

Date Received
(For Official Use Only)

65
2.9.00

I. Installation's EPA ID Number (Mark 'X' in the appropriate box)

A. Initial Notification B. Subsequent Notification
(Complete Item C)

C. Installation's EPA ID Number

V	T	D	9	8	0	9	1	7	4	6	2
---	---	---	---	---	---	---	---	---	---	---	---

II. Name of Installation (Include company and specific site name)

L	U	Z	E	N	A	C	A	M	E	R	I	C	A	L	U	D	L	O	W	M	I	N	E
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

III. Location of Installation (Physical address not P.O. Box or Route Number)

Street ENTER STREET OR ROAD ADDRESS HERE (e.g.: 22 Main St; Route 100; etc.)

E	A	S	T	H	I	L	L	R	O	A	D
---	---	---	---	---	---	---	---	---	---	---	---

Street (Continued)

City or Town										State		Zip Code	
--------------	--	--	--	--	--	--	--	--	--	-------	--	----------	--

L	U	D	L	O	W	V	T	0	5	1	4	9	-
---	---	---	---	---	---	---	---	---	---	---	---	---	---

LEAVE BLANK
County Code

ENTER COUNTY NAME
County Name

IV. Installation Mailing Address (See Instructions)

Street or P.O. Box OR RURAL ROUTE ADDRESS HERE

P	O	X	B	O	X	6	8	0
---	---	---	---	---	---	---	---	---

City or Town										State		Zip Code	
--------------	--	--	--	--	--	--	--	--	--	-------	--	----------	--

W	I	N	D	S	O	R	V	T	0	5	0	8	9	-
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

V. Installation Contact (Person to be contacted regarding waste activities at site)

Name (Last)										Name (First)									
-------------	--	--	--	--	--	--	--	--	--	--------------	--	--	--	--	--	--	--	--	--

C	L	A	Y	H	O	W	A	R	D
---	---	---	---	---	---	---	---	---	---

Job Title										Phone Number (Area Code and Number)									
-----------	--	--	--	--	--	--	--	--	--	-------------------------------------	--	--	--	--	--	--	--	--	--

E	N	V	I	R	O	N	C	O	O	R	D	8	0	2	-	2	2	8	-	6	4	0	8
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

VI. Installation Contact Address (See Instructions)

A. Contact Address Location		B. Street or P.O. Box IF SAME AS ABOVE, JUST FILL OUT SECTION VI.A. (TO LEFT)	
<input type="checkbox"/>	<input checked="" type="checkbox"/>		

City or Town										State		Zip Code	
--------------	--	--	--	--	--	--	--	--	--	-------	--	----------	--

VII. Ownership (See Instructions)

A. Name of Installation's Legal Owner ENTER LAND OWNER HERE

L	U	Z	E	N	A	C	A	M	E	R	I	C	A	I	N	C
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

Street, P.O. Box, or Route Number

9	0	0	0	E	A	S	T	N	I	C	H	O	L	S	A	V	E	S	U	I	T	E	2	0	0
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

City or Town										State		Zip Code	
--------------	--	--	--	--	--	--	--	--	--	-------	--	----------	--

E	N	G	L	E	W	O	O	D	C	O	8	0	1	1	2	-
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

Phone Number (Area Code and Number)										B. Land Type		C. Owner Type		D. Change of Owner Indicator (Date Changed)					
3	0	3	-	6	4	3	-	0	4	0	0	P	P	Yes	<input checked="" type="checkbox"/>	No	Month	Day	Year

Windsor Minerals Inc

ID - For Official Use Only

VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to Instructions)

A. Hazardous Waste Activity--SEE PAGES 23 & 24

B. Used Oil Recycling Activities

1. Generator (See Instructions)
- a. Greater than 1000kg/mo (2,200 lbs.)
 - b. 100 to 1000 kg/mo (220-2,200 lbs.)
 - c. Less than 100 kg/mo (220 lbs)
2. Transporter (Indicate Mode in boxes 1-5 below)
- a. For own waste only
 - b. For commercial purposes

Mode of Transportation

- 1. Air
- 2. Rail
- 3. Highway
- 4. Water
- 5. Other - specify

- 3. Treater, Storer, Disposer (at installation) Note: A permit is required for this activity, see Instructions.
- 4. Hazardous Waste Fuel
 - a. Generator Marketing to Burner
 - b. Other Marketers
 - c. Boiler and/or Industrial Furnace
 - 1. Smelter Deferral
 - 2. Small Quantity Exemption
- Indicate Type of Combustion Device(s)
 - 1. Utility Boiler
 - 2. Industrial Boiler
 - 3. Industrial Furnace
- 5. Underground Injection Control

- SEE PAGES 24 & 25
1. Used Oil Recycling Marketer
- a. Marketer Directs Shipment of Used Oil to Off-Specification Burner
 - b. Marketer Who First Claims the Used Oil Meets the Specifications
2. Used Oil Burner - Indicate Type(s) of Combustion Device--LEAVE BLANK UNLESS UNIT IS ≥ 0.5 MILL BTUS
- a. Utility Boiler
 - b. Industrial Boiler
 - c. Industrial Furnace
3. Used Oil Transporter - Indicate Type(s) of Combustion Device(s)
- a. Transporter
 - b. Transfer Facility
4. Used Oil Processor/Re-refiner - Indicate Type(s) of Activity(ies)
- a. Process
 - b. Re-refine

IX. Description of Regulated Wastes (Use additional sheets if necessary) SEE ATTACHMENT AND PAGES 51-71

A. Characteristics of Nonlisted Hazardous Wastes. (Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles; See 40 CFR Parts 261.20 - 261.24)

"D" CODES GO HERE

1. Ignitable (D001)	2. Corrosive (D002)	3. Reactive (D003)	4. Toxicity Characteristic	(List specific EPA hazardous waste number(s) for the Toxicity characteristic contaminant(s))
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D 0 0 8 D 0 1 8 D 0 3 9 D 0 4 0

B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33; See instructions if you need to list more than 12 waste codes.)

"F" AND "P" AND "K" AND "U" CODES GO HERE

1	2	3	4	5	6
7	8	9	10	11	12

C. Other Wastes. (State or other wastes requiring a handler to have an I.D. number; See instructions.)

"VT" CODES GO HERE

1	2	3	4	5	6
V T 0 2					

X. Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature	Name and Official Title (Type or print)	Date Signed
<i>Sherburne H Hall</i>	Sherburne H. Hall, Operations Manager	January 18, 2000

XI. Comments

Note: Mail completed form to the appropriate EPA Regional or State Office. PLEASE RETURN COMPLETED FORM TO:
VERMONT WASTE MANAGEMENT DIVISION
103 SOUTH MAIN ST; WEST OFFICE BLDG
WATERBURY, VERMONT 05671-0404

UTD980917462

SQG

841019

VERMONT GENERATOR/TRANSPORTER OF HAZARDOUS WASTE
EPA ID# REQUEST FORM

COMPANY NAME: Windsor Minerals, Inc.

MAILING ADDRESS: P.O. Box 680
Windsor, VT 05089

ACTUAL PLANT/SITE LOCATION: Ludlow Mines
Ludlow, Vermont Windsor 027
05149

CONTACT PERSON NAME,
ADDRESS & PHONE NUMBER: Arthur J. LaPierre
P.O. Box 680
Windsor, VT 05089
802-484-5052

COMPANY'S LEGAL OWNER
NAME, ADDRESS & PHONE #: Windsor Minerals, inc.
P.O. Box 680
Windsor, VT 05089
802-484-7763

HAZARDOUS WASTE
ACTIVITY/PROCESS: Waste lubricants as a result of lubricating
equipment. Waste solvents consisting of
cleaning fluids, paint, cutting oil, etc.

WASTE TYPE(S): Waste lubricants
Waste solvents

VOLUME OF EACH
WASTE/MONTH: Waste lubricants approximately 40 Kg
Waste solvents approximately 12 Kg



State of Vermont

OCT 19 1984

AGENCY OF ENVIRONMENTAL CONSERVATION

Montpelier, Vermont 05602
Department of Water Resources
and
Environmental Engineering

Department of Fish and Game
Department of Forests, Parks, and Recreation
Department of Water Resources & Environmental Engineering
Natural Resources Conservation Council

Ms. Mary Jane O'Donnell
State Waste Programs Branch
US EPA, Region 1
J. F. Kennedy Federal Building
Room 1903
Boston, Massachusetts 02203

Dear Mary Jane,

The Hazardous Materials Management Program requests an EPA ID# for the following Vermont generator/transporter/treatment, storage and/or disposal facility of hazardous waste:

COMPANY NAME: Windsor Minerals, Inc.

MAILING ADDRESS: P.O. Box 680
Windsor, VT 05089

ACTUAL SITE LOCATION: West Windsor Mill Ludlow Mines Columbia Mill
West Windsor, VT Ludlow, VT Ludlow, VT

CONTACT PERSON NAME, ADDRESS & PHONE #: Arthur J. LaPierre
P.O. Box 680
Windsor, VT 05089
Tel: (802) 484-5052

COMPANY'S LEGAL OWNER NAME, ADDRESS & PHONE #: same as above
Tel: (802) 484-7763

HAZARDOUS WASTE ACTIVITY/PROCESS: Waste lubricants as a result of lubricating equipment.
Waste solvents consisting of cleaning fluids, paints, cutting oils, ect.

WASTE TYPE(S): Waste lubricants
Waste solvents

VOLUME/MONTH: Waste lubricants: 40 Kg/mon.
Waste solvents: 12 Kg/mon.

Sincerely,
Brian Fitzgerald